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By Judith Wilson at 7:48 am, Mar 09, 2016

**MIKE DEWINE**

★ OHIO ATTORNEY GENERAL ★

Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov**NOTICE OF PEACE OFFICER APPOINTMENT**

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) <u>Gorse</u> (First) <u>Matthew</u> (Middle) <u>Louis</u>	2. Social Security Number <u>[REDACTED]</u>
3. Previous Name(s) or Alias (Last) <u>N/A</u>			
4. Birth date (mm/dd/yyyy) <u>07/13/1982</u>	5. Email Address <u>[REDACTED]</u>	6. Phone Number <u>[REDACTED]</u>	
7. Home Mailing Address (#/Street/PO Box) <u>[REDACTED]</u> (City) <u>[REDACTED]</u> (State) <u>[REDACTED]</u> (Zip Code) <u>[REDACTED]</u> (County Name) <u>[REDACTED]</u>			
8. Basic Training Academy (Academy Name) <u>Cuyahoga Community College Basic Police Academy</u> (Academy Number) <u>BAS14-093</u> (Dates of Training) <u>September 15, 2014 - May 15, 2015</u> (Only complete if this is the officer's first appointment or OSP)			

AGENCY INFORMATION		9. Agency Name <u>Amsterdam Village Police</u>	
10. Agency Email Address <u>AmsterdamPD24@Yahoo.Com</u>		11. Agency Phone Number <u>740-543-3797</u>	
12. Agency Mailing Address (#/Street/PO Box) <u>103 Springfield St. PO Box 115</u>		(City) <u>Amsterdam</u>	(Zip Code) <u>Oh 43903</u> (County Name) <u>[REDACTED]</u>

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date <u>2/29/16</u>	14. Status Change Date <u>1/1</u>
15. Select New Status ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☒ Special ☐ Seasonal			
16. Select New ORC			
☐ City Full-Time/Part-Time (737.02)	☐ City Auxiliary/Reserve/Special (737.051)	☐ City Chief (737.02)	
☒ Village Full-Time/Part-Time/Special (737.16)	☐ Village Auxiliary/Reserve (737.161)	☐ Village Chief (737.15)	
☐ Township Police Officer (505.49)	☐ Township Constable (509.01)	☐ Other Chief - List ORC/Charter <u>[REDACTED]</u>	
☐ Other - List ORC/Charter <u>[REDACTED]</u>	☐ Deputy Sheriff (311.04)	☐ Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority <u>[Signature]</u>	18. Printed Name and Title <u>David F. Climperman, Jr., Chief of Police</u>	19. Date <u>2/29/2016</u>	
20. Signature of Witness <u>[Signature]</u>	21. Printed Name (First, Middle, Last) <u>Jack J. Justus, Deputy Chief</u>	22. Date <u>2/29/2016</u>	

Officer Name (Last) (First) (Middle) Social Security Number
Gorse Matthew Louis [REDACTED]

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee

Signature of Appointing Authority

Gary Pepperling

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, Village of Amsterdam

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County): N/A	25. From(mm/dd/yyyy): To(mm/dd/yyyy): / / / /
26. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal	

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): To(mm/dd/yyyy): / / / /
29. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal	

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): To(mm/dd/yyyy): / / / /
32. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal	

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): To(mm/dd/yyyy): / / / /
35. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal	

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): To(mm/dd/yyyy): / / / /
38. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal	

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): To(mm/dd/yyyy): / / / /
41. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal	